10/602/64

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

9 300 40 - 2026

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			2 7 minus 20=		• 7			X\$-9=		OR	X\$18=	126
INDEPENDENT CLAIMS			1 minus 3 =		. 0			X42=		OR	X84=	0
MULTIPLE DEPENDENT CLAIM PRESENT					•			+140=		OR	+280=	0
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	ì	TOTAL		OR	TOTAL	876
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 28	Minus	** 2	7	= /	11	X\$ 9=		OR	X\$18≈	
	Independent	* 3	Minus	ANA S	3	=		X42=		OR	X84=	
L.	FIRST PRESE	NTATION OF MI	DLIPLE DEP	ENDEN	CLAIM		' [+140=	·	OR	+280=	
			•					TOTAL ADDIT. FEE	÷	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F.C. AINA	<u> - </u>	↓	X42=		OR	X84=	
<u> </u>	PINST PHESE	NIATION OF MI	JETIPLE DEP	ENUEN	CLAIM		┚╽	+140=		OR	+280=	
							1	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Çolumn 1)	•		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIL]=	4.	X42=		OR	X84=	·
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"		mber Previously Pa ober Previously Pa							propriate bo	x in co	olumn 1.	